



***Emergency Medical Assistance to Host and Displaced Populations in
Northwest Nigeria***

AID-OFDA-G-17-00088

Program Update

15 February – 31 July 2017

Submitted 3 August 2017



An IDP woman constructs a shelter for her family in Al Maskin Camp. Leaving the camp to collect the necessary wood to construct shelter (as well as what is needed for daily life) often puts women at risk of sexual violence as they have to leave the safety of the Camp.

Grant agreement #AID-OFDA-G-17-00088 was signed between Doctors of the World (DoTW) and OFDA on 10 July 2017 after signing a pre-award letter on 15 February 2017. Although the proposal package was submitted to OFDA in December 2016 and the technical review completed in January 2017, the delay in signing of the grant agreement was due to the completion of the pre-award assessment (April 2017) and then the queue within the grants negotiation unit.

DoTW currently operates four clinics: three in Maiduguri and one in Damboa. On 28 August 2017, MDM will take over the delivery of services in the MoH facility in Mainok village, Kaga Local Government Authority (LGA), from Medecins San Frontieres (MSF). Services will be delivered twice a week. DoTW delivers integrated programming in Primary Health Care including Sexual and Reproductive Health with Clinical Management of Rape Services, Community Management of Acute Malnutrition (CMAM), and mental health services, with a comprehensive community education programme.

DoTW is also assessing Bama and Banki, both in Bama LGA, for possible intervention with its integrated programming.

Key achievements during the reporting period were as follows:

- 27 February: Opening of new clinic at Al Maskin Camp in Maiduguri
- 1 June: launching of the GBV activities
- 15 June: Opening of new clinic in Damboa Hausari Camp
- 6 July: international order for pharmaceuticals arrives in Maiduguri after having been received by the US Embassy in Abuja

This brief report will include summaries of GBV and SRH Programming, as well a focus on operations in Damboa

GBV Programming

This reporting period emphasized on planning and coordination activities to establish the medical and psychosocial care services as follows:

- Mapping of GBV services in Borno state and UNFPA, IMC, IRC, FHI360, UNICEF, IOM, SAVE the Children, PUI, MoH, Ministry of Women Affairs identified as partners for collaboration and coordination with DoTW health facilities.
- Trained 61 DoTW staff (24 female, 37 male) on GBV core concepts, guiding principles and identification. Targeting clinic and non-clinic staff, the objective of these trainings was to engage staff vigilance on identification and referral of cases of GBV for timely and quality medical care.
- Analysis of legal frame work pertaining to sexual violence in the Borno state to clarify the first entry points for survivors: Police and Health facility. Preliminary findings revealed that reporting a rape case first to the police is a matter of practice not supported by any legal disposition.
- Launched a Request for Applications (RFA) to profile local NGO with the capacity to engage community in the GBV prevention process through awareness raising. Two CBOs are currently under assessment. Once the CBO is chosen OFDA approval will be requested.
- Establishment of GBV-survivor friendly health facilities in Garba Buzu, Al Maskin, Karwamela with trained Midwives, Community Health Officer (CHO) and Medical Doctors, safe and confidential counselling rooms.
- Three cases of GBV identified during consultations: Rape-01, Physical assault-02. All cases involved female survivors above 18 years of age.

Sexual Reproductive Health Programming

Sexual reproductive Health activities have picked up well. There is gradual uptick of women accessing antenatal care and postnatal services

	FEB	MAR	APRIL	MAY	JUNE	JULY	TOTAL
Pregnant women who received at least 2 Comprehensive antenatal care	59	227	179	223	230	169	1087
Women and newborn who that received postnatal care within three days			89	149	71	32	341
Pregnant women who deliver assisted by a skilled attendant	Not collected			29	74	26	129
	Not collected			67	251	91	409
Family Planning	5	38	26	34	54	39	196

- Obstetric complications encountered and referred to CEMONC facilities were severe anaemia, preeclampsia, placenta abruption and spontaneous abortion (miscarriage)
- Met with men and women leaders in the three camps in Maiduguri to discuss benefits of family planning
- The midwives continued providing Intermittent Preventive Treatment (IPT) hematinics and deworming to reduce malaria and anemia in pregnancy
- Distribution of delivery kits to all pregnant mothers from third trimester. Contents of the delivery kit are as follows:
 - Bag, plastic for disposal of placenta
 - Toilet soap, bar
 - Draw sheet, plastic
 - Razor blade, single-edged, disposable
 - Tape, umbilical,
 - Cotton cloth/towel,
 - Gloves, examination
 - Pictorial instruction sheet
- Pregnant mothers receive LLINS once during their pregnancy to prevent the mother and fetus from getting malaria as well as reduce U5 malaria transmission. In addition, if a woman comes in post-delivery without her health card (which indicates receipt of LLIN) she is provided with an LLIN to ensure that she (and her newborn and/or U5) have a malaria prevention method.

Challenges

- There is increased number of deliveries in the camps conducted by unskilled attendants despite health education of midwives and community mobilisers due to labour occurring at night. DoTW prioritises community education on the importance of having a skilled birth attendant at the delivery.
- There was no constant supply of commodities like deliveries kits, dignity kits, micro cuvettes, pregnancy tests and urine dipsticks was challenge due to challenges with pharmaceutical importation. Stocks have arrived in Maiduguri and managed at the various health facilities.

Damboa Clinic

DoTW Mobile Clinic in Hausari IDP Camp, Damboa started on 15 June 2017. Since opening the clinic the security situation has deteriorated in Damboa, and now both access roads (Bui-Damboa and Maiduguri-Bui) are off-limits to DoTW staff and vehicles. This is due to frequent attacks on both roads by Armed Opposition Groups (AOGs); at times DoTW staff have been held up at AOG roadblocks and caught in cross-fire. This has meant transporting of drugs and purchasing of fuel are

challenging; access is only by helicopter and minimal pharmaceutical supplies are sent by helicopter where possible.

The healthcare services provided by the mobile clinic include PHC Consultations, Sexual and Reproductive Health Care, Mental Health, Clinical Management of Rape, and Immunizations.

Since opening in mid-June, over 2000 patients have benefited from the free and quality healthcare services provided by the clinic. Both IDP and host populations utilize these services. Staff of other international NGOs working in Damboa and its environs also benefit from the healthcare services provided by the DoTW clinic. IOM and UNHCR staff refer sick IDPs from the various camps in Damboa to the DoTW clinic. Patients are also referred to DoTW clinic from International Medical Corps CMAM outreach activities clinics in the neighboring villages. The DoTW clinic provides healthcare services to an average of 100 patients per day.

The people of Damboa and Hausari IDP Camp are mobilized by DoTW clinic community mobilizers. The mobilizers visit an average of approximately 110 houses per day informing people about the various services provided by the clinic. Members of these households are also educated on healthy living. Sick members of the households visited are referred to the clinic for treatment.

The common medical conditions patients present with are malaria, acute watery diarrhea and skin diseases. Others are peptic ulcer disease, conjunctivitis, upper and lower respiratory tract infections and malnutrition. Patients presenting with scurvy, a state of dietary deficiency of Vitamin C, have also been treated. A case of suspected acute flaccid paralysis (Polio) was reported to the disease surveillance and notification officer of the Damboa local government. Stool samples were taken from the patient and we are currently awaiting the confirmatory laboratory diagnosis. The medical team is following up.

Currently in Damboa, there is no hospital providing 24 hours service due to insecurity. This has made referral of patients who need in-patient care challenging. These patients and others who need secondary or tertiary healthcare are referred to hospitals outside Damboa. Transporting and following up of patients referred outside Damboa are also challenging due to unavailability of a functioning ambulance and insecurity along Damboa-Maiduguri and Damboa-Biu roads.

Some of the pregnant women in Hausari IDP Camp attending the antenatal clinic are malnourished, and have complained to the midwives that their husbands have been arrested and detained by the military based on suspicion that they are AOG informants. This was also corroborated during one of the meetings with men leaders of Hausari IDP Camp, where DoTW staff were told that young men in the camp were arrested and detained by the military. Information received from UNHCR revealed that in May 2017, 410 men were arrested by the military in four IDP camps (Hausari IDP Camp, Aburi Gate IDP Camp, Central IDP Camp, General Hospital IDP Camp) and two other locations in Damboa town (Shiwari/Abatchari and Wuyaram communities). The arrests followed the attack on military by AOG in Sabongari. Out of the 410 men arrested, 11 reportedly died in detention during the first 3 days due to dehydration and extreme weather condition, and only 91 have been released so far.

At the end of July 2017, women and children from villages liberated by the military from AOG have arrived in Damboa. They are malnourished and sick because of lack of access to food and healthcare. One of the women that arrived Damboa from the liberated villages is the daughter of one our mobile clinic crowd controllers who himself is an IDP. It was a happy reunion of father and daughter after 3 years of separation.

PICTURES¹



Outside view of mobile clinic providing health services to Hausari IDP camp and Damboa.



Health education session in the waiting area of the Damboa Clinic.

¹ Due to security issues DoTW will not provide names of individuals in pictures.



Consultation by the doctor at the Damboa Clinic



Midwife attending to a pregnant woman at the Damboa Clinic.



The EPI Nurse giving an LLIN to a woman after vaccinating her child at the Damboa Clinic.



The Drug Dispenser at Damboa Clinic explaining to a patient on how she should take her medication.